## **RULE 32**

## REPORTING OF COMPENSATION INSURANCE

- **A.** The insurer shall file a report as required by section 48-144.02 with the court within 10 days after a workers' compensation insurance policy is written, renewed, extended, or reinstated. The insurer shall give notice to the court of cancellation or nonrenewal of a workers' compensation insurance policy as required by section 48-144.03.
- **B.** Any such report or notice shall be provided in writing or by electronic means, if such electronic means is approved by the administrator of the court. If such report or notice is filed by electronic means pursuant to such an approval, it shall be deemed given upon receipt and acceptance by the court. Written reports or notices filed with the court shall be made by means of the Record of Compensation Insurance (Form 12), and shall be deemed given upon the mailing of such report or notice by certified mail.
- **C.** If an endorsement changes neither the insured's name, address, the effective date nor the expiration date, and does not affect the policy number, then it is not necessary to file another report with the court.
- **D.** For multiple entities with the same policy number, each different name and address shall be reported to the court. If there are multiple locations, the locations shall be listed separately.
- **E.** The Form 12P shall be filed by the risk management pool with the court within 10 days after the pool is organized showing the name and local addresses of its members. Within 10 days after any new member is accepted or whenever any member of a pool voluntarily terminates membership or is involuntarily terminated, the Form 12P shall be filed with the court showing the name, local address and effective date of termination or joinder of any single member. For multiple entities within the jurisdiction of a single member, each different name and address shall be listed on the Form 12P or on an attached sheet. If there are multiple locations in Nebraska, the locations shall be listed on the Form 12P or on an attached sheet.
- **F.** Exact copies of the Record of Compensation Insurance (Form 12) and the Record of Compensation Insurance Form 12P appear on the two pages following this rule.

Sections 48-144.02, R.R.S. 2004, and 48-144.03, 48-144.04, 48-146.01, 48-146.03, R.S. Supp., 2005.

Effective date June 6, 2006.

## NEBRASKA RECORD OF COMPENSATION INSURANCE

To be Used to Report Compensation Insurance Issuance, Cancellation, Renewal, Nonrenewal, or Reinstatement.

MAIL TO: NEBRASKA WORKERS' COMPENSATION COURT, P.O. BOX 98908, LINCOLN, NE 68509-8908 (402) 471-6468

Name and Address of Insurance Carrier		10. Insured's Name & Address	
1. I valle and radioss of insulation Cuttor		100 11001000 1 (01100000000000000000000	
	<b>—</b>		
Assigned Risk?  Yes	□ No		
2. Policy Number	3. NE Dept. of Ins. Company Number (5 digit)	11. Any Prior Business Names	
4. Deductible Amount	5. If No Deductible		
4. Deductible Amount	Not Chosen		
	Not Offered		
6. Effective Date	7. Expiration Date	12. List All Nebraska location add	dresses with the current
		business name	
8. Transaction (Complete One)		(If additional space is needed, use bac	k of form or attach separate sneet.)
8. Transaction (Complete One)			
New Policy			
☐ Cancellation Canc	ellation Date		
- Cancenation Canc	enation Date		
For Eff	ective Date See NE Rev. Stat. 48-144.03		
	ective Bate See NE Rev. Stat. 40-144.03 lle 32. Must be sent by certified mail.		
Renewal			
or Extension			
□ N1			
Nonrenewal (Effective 30 days after certified m	ailing)		
Reinstatement Rein	nstatement Date		
9. Reason for Cancellation or Nonrenewal		13. Insured's Federal Identification Number (FIN)	
Prepared By (Please Type)		Preparer's Telephone #	Date
1 7 ( 31-7)		ı r	



## Nebraska Record of Compensation Insurance — Form 12P Intergovernmental Risk Management Pool

To be used to provide information on each pool member involved in the event of organization, joinder, or termination, within 10 days of the event. Only one member of a pool may be reported on a Form 12P.

Name of Member:  Event Reported (check one and give the effective date):  Initial Organization of Pool Effective Date:  New Member Effective Date:  Termination of Member Effective Date:  For workers' compensation purposes, list any separately named entities under the jurisdithis member from which employees work and the location. (If additional space is needed, separate sheet.)  Name Address FEIN  Name of Pool Administrator:  Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court					
Event Reported (check one and give the effective date):    Initial Organization of Pool   Effective Date:	Phone:		Dept. of Insura	Dept. of Insurance Code:	
Initial Organization of Pool Effective Date:	Name o	of Member:			
New Member  Effective Date:  Termination of Member  Effective Date:  For workers' compensation purposes, list any separately named entities under the jurisdicthis member from which employees work and the location. (If additional space is needed, separate sheet.)  Name  Address  FEIN  Name of Pool Administrator:	Event R	Reported (check one and giv	e the effective date):		
Termination of Member  Effective Date:  For workers' compensation purposes, list any separately named entities under the jurisdict this member from which employees work and the location. (If additional space is needed, separate sheet.)  Name  Address  FEIN  Name of Pool Administrator:  Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court	☐ Ini	itial Organization of Pool	Effective Date:		
For workers' compensation purposes, list any separately named entities under the jurisdict this member from which employees work and the location. (If additional space is needed, separate sheet.)  Name Address FEIN  Name of Pool Administrator:  Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court	☐ Ne	ew Member	Effective Date:		
For workers' compensation purposes, list any separately named entities under the jurisdict this member from which employees work and the location. (If additional space is needed, separate sheet.)  Name Address FEIN  Name of Pool Administrator:  Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court	Те	ermination of Member	Effective Date:		
Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court					
Address:  Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court					
Prepared by (please type):  Phone:  Mail to: Nebraska Workers' Compensation Court	Name o	of Pool Administrator:			
Phone:  Mail to: Nebraska Workers' Compensation Court		Address:			
Mail to: Nebraska Workers' Compensation Court	Prepare	ed by (please type):			
		Phone:			
Lincoln NE 68509-8908	Mail to:	PO Box 98908	•		

NWCC Form 12P (Rev. 11/06)